| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 012798 | A. BUILDING: _____ B. WING _____ | R-C 12/02/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CROWNPOINTE OF GREENFIELD | 831 SWOPE STREET GREENFIELD, IN 46140 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| {R 000} | INITIAL COMMENTS<br><br>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00181776 and IN00181781 completed on 10/16/15.<br><br>Survey date: December 2, 2015<br><br>Complaint IN00181776 - Corrected<br>Complaint IN00181781 - Corrected<br><br>Facility number: 012798<br>Provider number: 012798<br>AIM number: N/A<br><br>Census bed type:<br>Residential: 48<br>Total: 48<br><br>Census payor type:<br>Medicaid: 24<br>Other: 24<br>Total: 48<br><br>Sample: 3<br><br>Crownpointe of Greenfield was found to be in compliance with 410 IAC 16.2-3.1 in regard to PSR to State findings cited during the Investigation of Complaints IN00181776 and IN00181781.<br><br>Quality review completed December 3, 2015 by 29479. | {R 000} | | |